INTERPRETER REQUEST **PROCEDURES**

COMPLETE THE COMMUNICATION ACCOMMODATION REQUEST (CAR) FORM

DHHS CAR FORM

Communication Accommodation Request Form

Communication Accommodation Request Form (CARF) for DHHS for communication accomodations. Please submit in AWARE for an Activity Due to DHHS. Providers can email the completed form to:

dhhs.car@fssa.in.gov

Requestor Information:

Date (MM/DD/YY)	VR Requestor Name:
7/16/2019	Davina Brimmer

STATE CRF FORM

Vocational Rehabilitation Communication Request Form

Vocational Rehabilitation (VR) Communication Request Form (CRF) must be initiated by the VR counselor for VR consumer's communication accommodations and completed in detail. Please email the completed form to state@luna360.com.

Additional instructions on page #2

Date (M/D/Y)	Requestor Name:			
07/08/19	Davina Brimmer			

SEND THE CAR FORM TO DHHS

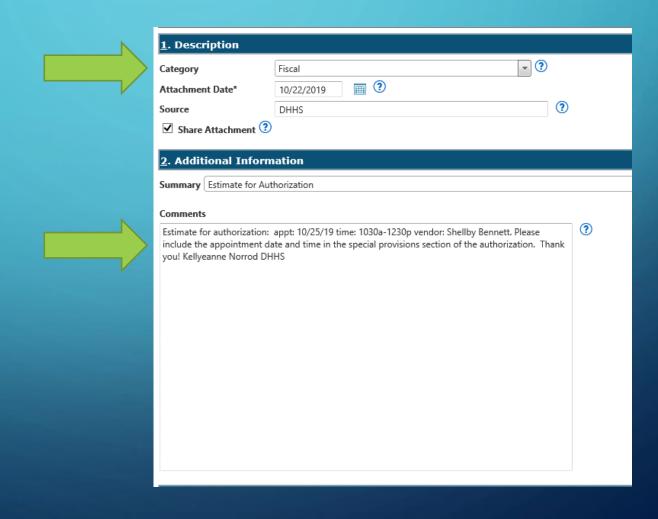
EMAIL

- DHHS.CAR@fssa.in.gov
 - CAR will be attached

AWARE

- Activity Due
- Attachments CAR will be attached

DHHS WILL UPLOAD THE ESTIMATE & COMMUNICATION SERVICE SUMMARY (CSS) FORMS INTO AWARE ATTACHMENTS



EXAMPLE OF AN ESTIMATE — THIS IS THE FORM USED FOR AUTHORIZATION PURPOSES

Estimate - (Vendor)											
			unselor:		Participant:						
VRC Email:						Location:					
		POC Info	rmation:			Date:					
Date of Service	Start Time	End Time	СС	Assignment Name	Weeks	Weekly Sessions	Hours Per Assignment	Total Hours	Unit Cost	Amount	-
Date of Service	Juit Time	Liid Tillie		Assignment Name	WCCRS	Weekly Sessions	nodis Per Assignment	0.00	Oint Cost	\$ -	-1
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Travel Time					Mileage	T.			Total Amo		
Travel Time					Mileage			CC	19-35	\$ -	4
Rate FALSE					Rate						4
СС	19-31	\$ -		СС	19-32	\$ -		Interprete	r Amount	\$ -	
N	No Show			Cancellation Fee				Total I	lours	0	00
CC 19-17 \$0.00				cc	19-33	\$0.00		Totali	iours	0.	.00
CC	19-1/	\$0.00		CC	CC 19-33		,		orization A	mount	\dashv
						Authorization Amor			-	\dashv	

EXAMPLE OF THE COMMUNICATION SERVICE SUMMARY (CSS) FORM

• The interpreter will attach this completed form in to their payment request as

documentation for the claim

Communication Service Summary										
Interpreter										
Provider's Information										
Interpreter										
Assignment Information										
Participant:										
Location:										
Code	Description	Date	Start Time	End Ti	ime	Unit Hours				
19-35	Regular	1/0/1900	12:00:00 AM	12:00:0	0 AM					
19-33	Late Cancel	1/0/1900		12:00:0	12:00:00 AM					
19-17	No Show	1/0/1900	12:00:00 AM	12:00:00 AM						
		Mileage - 19-3	32	Travel 19-31						
		0	0							
	Т	his verifies th	at services were provid	ed for the abo	ove appoin	tment(s).				
Signature: Date:										
			Provider's Co	mments:						
Please note:										
	Two hour minimum for the first state job of the day Mileage is estimated using Rand McNally shortest distance per State policies Travel needs to be requested at time of acceptance of assignment									

DHHS WILL ASSIGN THE VRCC AN ACTIVITY DUE

Please make sure that the assignment information is in the Special Provisions area of the authorization that are printed on the authorization.

